

Beaumont Hospitals
Public Comment Pertaining to Bone Marrow Transplantation Services

January 31, 2006

My name is Patrick O'Donovan, Director of Planning for Beaumont Hospitals. At each of the three most recent C.O.N. Commission meetings held in June, September and December 2005, Beaumont has asked the C.O.N. Commission to put the Bone Marrow Transplantation C.O.N. Review Standards on its workplan for re-evaluation. We brought physician experts to provide testimony and we provided a position paper to the Commission entitled *The Need for Increased Access to Stem Cell Transplant Programs in Michigan*. Each time, we were reminded by the Commission and the Department that BMT was on the list to be reviewed in 2006 as part of a now-mandated 3-year review of all the C.O.N. review standards, and we were encouraged to testify at this public hearing, which we are now doing. In short, the rationale in support of reviewing these standards to increase access is:

- BMT standards haven't been substantively reviewed since 1997, nine years ago.
- BMT is one of the only remaining standards that identify a fixed number of programs for the State without any need-based criteria to support that number.
- Currently there are only four hospitals in the State with adult BMT programs.
- The number of BMT procedures is projected to increase due to the ability to transplant older patients and the increasing number of patients with diseases that can be treated with BMT.
- BMT is the standard of care for a variety of malignant and benign conditions.
- The technology and practice of BMT is rapidly changing, such that many patients can have their transplants done on an outpatient basis.
- Oncologists at large cancer centers without a BMT program must refer patients to outside centers and outside physicians for this treatment. This interrupts their continuity of care and negatively impacts the strong doctor-patient relationships that are established. Referrals elsewhere also require significant re-testing and re-staging. These tests add substantial costs to the health care system and impose unnecessary hardships for these patients.

There are a variety of approaches that can be used to increase access to BMT programs in Michigan. These include removing BMT from C.O.N. coverage, increasing the number of BMT programs allowed under the current standards, allowing for acquisition and relocation of existing BMT programs, and developing a need-based methodology to project BMT need. These approaches are not all mutually exclusive, and other approaches may be identified. Beaumont plans to meet with the Department and others over the next month and hopes that will result in a recommended approach to the Commission at the March 21 C.O.N. Commission meeting. In any event, we urge the Commission to keep BMT on its schedule for a 2006 review. Thank you.